CLAIMS ONLY

Application Number	Filing Date
10 656617	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3		2				
4						
5		2				
6		1				
7		1				
8		1				
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49						
50						
Total Indep	2					
Total Depend	8					
Total Claims	10					

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51							
52		1					
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55						1	
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100							
Total Indep							
Total Depend							
Total Claims							